

Montana Medicaid - Fee Schedule
Home Health Services
July 1, 2014

Description – Revenue code short description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Schedule: Medicaid fee for listed code

Payment to charge ratio: 90% of provider billed charges

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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Rev	Description	Effective	Method	Fee	PA
421	Physical Therapy - Vist Charge	7/1/2014	FEE SCHED	\$73.10	Y
431	Occupational Therapy - Visit Charge	7/1/2014	FEE SCHED	\$73.10	Y
441	Speech Therapy - Visit Charge	7/1/2014	FEE SCHED	\$73.10	Y
551	Skilled Nursing - Visit Charge	7/1/2014	FEE SCHED	\$73.10	Y
571	Home Health Aide - Visit Charge	7/1/2014	FEE SCHED	\$32.64	Y
270	General Class Medical/Surgical Supplies	7/1/2014	Payment to charge ratio	90% of billed charges	